

REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

1 SELLER GRANTOR	Name LYNNIS E. VONOHLEN & ARDELLA R. VONOHLEN, husband and wife	2 BUYER GRANTEE	Name LYNNIS E. VON OHLEN
	Mailing Address 2572 Bursell Drive		Mailing Address ²⁵⁷² 500 Bursell Drive
	City/State/Zip Clarkston, WA 99403		City/State/Zip Clarkston, WA 99403
	Phone No. (including area code) (509) 751-9341		Phone No. (including area code) (509) 751-9341
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers – check box if personal property	
Name _____		1-281-03-001-0000 <input type="checkbox"/> \$184,900	
Mailing Address _____		<input type="checkbox"/>	
City/State/Zip _____		<input type="checkbox"/>	
Phone No. (including area code) _____		<input type="checkbox"/>	

4 Street address of property: 2572 Bursell Drive, Clarkston WA

This property is located in Asotin County

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)
Lot 1 of Block 3 of Bursell Addition according to the recorded plat in Book E of Plats, Page 84, records of Asotin County, Washington.

5 Select Land Use Code(s):
11 - Household, single family units

enter any additional codes: _____

(See back of last page for instructions)

YES NO
Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?

6 YES NO
Is this property designated as forest land per chapter 84.33 RCW?
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?
Is this property receiving special valuation as historical property per chapter 84.26 RCW?

If any answers are yes, complete as instructed below.

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33.140 or RCW 84.34.103). Prior to signing (3) below, you may contact your local county assessor for more information.

This land does does not qualify for continuance.

DEPUTY ASSESSOR _____ DATE _____

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE
Lynnise E. Von Ohlen
PRINT NAME
Lynnise E. Von Ohlen

7 List all personal property (tangible and intangible) included in selling price.
N/A

If claiming an exemption, list WAC number and reason for exemption:
WAC No. (Section/Subsection) WAC 458-61A-202

Reason for exemption Inheritance/Devise

Type of Document Last Will and Testament
Date of Document 4/12/99

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	
Total Due \$	10.00

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent <u>Lynnise E. Von Ohlen</u>	Signature of Grantee or Grantee's Agent <u>Lynnise E. Von Ohlen</u>
Name (print) <u>Lynnise E. Von Ohlen</u>	Name (print) <u>Lynnise E. Von Ohlen</u>
Date & city of signing: <u>10/8/2014 Clarkston</u>	Date & city of signing: <u>10/8/2014 Clarkston</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

Clements, Brown, McNichols
CK 35393 *AK*

OCT 13 2014
ASOTIN COUNTY
TREASURER

47889

**LAST WILL AND TESTAMENT
OF
ARDELLA R. VON OHLEN**

I, Ardella R. Von Ohlen, of Clarkston, Washington, have not executed any former Wills and Codicils and declare this to be my Last Will and Testament.

**ARTICLE I
IDENTIFICATION OF FAMILY**

I am married to Lynn E. Von Ohlen and all references in this Will to "my spouse" are references to Lynn E. Von Ohlen.

The names of my children are Debera R. Molohon, G. Elizabeth Von Ohlen- Riewe, Melinda R. Von Ohlen, Paul A. Von Ohlen, and Gregory L. Von Ohlen (deceased). All references in this Will to "my children" are references to the above-named children.

**ARTICLE II
PAYMENTS OF DEBTS AND EXPENSES**

I direct that my just debts, funeral expenses, and expenses of last illness be first paid from my estate.

**ARTICLE III
DISPOSITION OF PROPERTY**

A. Specific Bequests. I intend to dispose of my tangible personal property as directed in a separate writing that complies with the requirements of RCW 11.12.260 which currently provides that the writing must be either in my handwriting, or signed by me, and it must describe the items of tangible personal property and the recipients of the property with reasonable certainty. In the event the separate writing is not in existence at my death, or does not dispose of all of my tangible personal property, then I give the tangible personal property not effectively disposed of in a separate writing to my surviving children in equal shares. If my children fail to survive me and

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have no lineal descendants, then my tangible personal property shall pass according to "B" below entitled "Residual Estate."

B. Residual Estate. I direct that my residuary estate be distributed to my spouse, Lynnnis E. Von Ohien. If my spouse does not survive me my residuary estate shall be distributed to my child(ren) in equal shares. If a child of mine does not survive me, such deceased child's share shall be distributed in equal shares to the children of such deceased child who survive me, by right of representation. If a child of mine does not survive me and has no children who survive me, such deceased child's share shall be distributed in equal shares to my other children, if any, or to their respective children by right of representation. If no child of mine survives me, and if none of my deceased children are survived by children, my residuary estate shall be distributed to the following beneficiaries in the percentages as shown:

50.00 % to my heirs-at-law, their identities and respective shares to be determined under the laws of the State of Washington, then in effect, relating to the succession of separate property that is not attributable to a predeceased spouse, as if I had died intestate at the time fixed for distribution under this provision.

50.00 % to my spouse's heirs-at-law, their identities and respective shares to be determined under the laws of the State of Washington, then in effect, relating to the succession of separate property that is not attributable to a predeceased spouse, as if my spouse had died intestate at the time fixed for distribution under this provision.

ARTICLE IV NOMINATION OF EXECUTOR

I nominate Melinda R. Von Ohlen, of Ashburn, VA, and Paul A. Von Ohlen, of Mankato, MN, as Co-Executors (the "Executor"), without bond or security. If one (or both) of the above nominees does not serve for any reason, I nominate Debera R. Molohon, of Wenatchee, WA, as Executor,

ARTICLE V EXECUTOR POWERS

My Executor, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone.

My Executor shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

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LAST WILL AND TESTAMENT

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**ARTICLE VI
MISCELLANEOUS PROVISIONS**

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

B. Thirty Day Survival Requirement. For the purposes of determining the appropriate distributions under this Will, no person or organization shall be deemed to have survived me unless such person or entity is also surviving on the thirtieth day after the date of my death.

C. Liability of Fiduciary. No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions as the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith.

D. Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Executor.

**ARTICLE VII
FINAL REMAINS**

I direct that my final remains be interred at Our Saviors Lutheran cemetery, Butternut Township, Blue Earth, MN.

IN WITNESS WHEREOF, I have subscribed my name below, this 13 day of
April 1999.

Ardella R. Von Ohlen
Ardella R. Von Ohlen

We, the undersigned, hereby certify that the above instrument, which consists of 5 pages, including the page(s) which contain the witness signatures, was signed in our sight and presence by Ardella R. Von Ohlen (the "Testator"), who declared this instrument to be her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the

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sight and presence of each other, do hereby subscribe our names as witnesses on the date shown above.

Witness Signature: [Signature]
Name: CHARLES H. WEBB
City: CAMKSTON
State: WA.

Witness Signature: [Signature]
Name: LINDA L. WRIGHT
City: LEWISBO
State: IO.

AFFIDAVIT

STATE OF WASHINGTON)
)
COUNTY OF ASOTIN)

I, Ardella R. Von Ohlen, the Testatrix, sign my name to this instrument this 12 day of April 19 99, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Will and that I sign it willingly (or willingly direct another to sign for me), in the presence of the undersigned witnesses, that I execute it as my free and voluntary act for the purposes expressed in the Will, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

[Signature]
Ardella R. Von Ohlen

We, Charles H. Webb and Linda L. Wright the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testatrix signs and executes this instrument as the Testatrix's will and that the Testatrix signs it willingly in our presence, and that the Testatrix executes it as the Testatrix's free and voluntary act for the purposes expressed in the will, and that each of us, in the presence and hearing of the Testatrix, at the Testatrix's request, and in the presence of each other, hereby signs this will, on the date of the instrument, as witness to the Testatrix's signing, and that to the best of our knowledge the Testatrix is eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence, and the witnesses are of adult age and otherwise competent to be witnesses.

Witness Signature: [Signature]
Name: CHARLES H. WEBB

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City: CLARKSTON
State: WA.

Witness Signature: Linda L Wright
Name: Linda L. Wright
City: LEWISTON
State: Id.

Subscribed, sworn to and acknowledged before me by Ardella R. Von Ohlen, the Testatrix; and subscribed and sworn to before me by Charles H. Webb and Linda L. Wright witnesses, this 12th day of April 1999.

Jessie O. Stebb
NOTARY PUBLIC for the State of Washington.
Residing at: Clarkston
My commission expires: 6-15-99

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STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §36-2414 AND §36-274, IDAHO CODE. Local Reg. No. _____

DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ARDELLA ROSE VON OHLEN		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 83 (Years)		4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	
	7d. STREET AND NUMBER 2572 BURSELL DRIVE		7c. CITY OR TOWN CLARKSTON	7e. APT. NO. 99403
PARENTS	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) LYNNIS E. VON OHLEN	
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) OWEN D. JONES	11b. BIRTHPLACE (State, Territory, or Foreign Country) MINNESOTA
INFORMANT	13a. INFORMANT'S NAME (Type or print) LYNNIS E. VON OHLEN		13b. RELATIONSHIP TO DECEDENT SPOUSE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2572 BURSELL DRIVE CLARKSTON, WA 99403
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARTHA E. HIGH		12b. BIRTHPLACE (State, Territory, or Foreign Country) MINNESOTA	
DISPOSITION	* 14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) OUR SAVIOR'S LUTHERAN CEMETERY BUTTERNUT VALLEY TOWNSHIP, MINNESOTA	
	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: JAMES E. FITZHUGH JR.	
PLACE OF DEATH	* 19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		* 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)	
	* 20. FACILITY NAME (If not facility, give street and number) ST JOSEPH REGIONAL MEDICAL CTR		* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501	
DATE OF DEATH	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 3, 2013		24. TIME OF DEATH (24hr) 16:07	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 3, 2013
	* 26. TIME PRONOUNCED DEAD (24hr) 16:07		* 22. COUNTY OF DEATH NEZ PERCE	
CAUSE OF DEATH	PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ACUTE MYOCARDIAL INFARCTION DUE TO (or as a consequence of)			Approximate Interval: Onset to Death 6 HOURS
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) b. _____ DUE TO (or as a consequence of) c. _____ DUE TO (or as a consequence of) d. _____			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I SEVERE PULMONARY FIBROSIS WITH CHRONIC HYPOXIC RESPIRATORY FAILURE		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined
CERTIFIER	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)
	35. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____	
REGISTRAR	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable TRANSPORTATION INJURY ONLY <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____			38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Child safety seat <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown
	38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown			39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input type="checkbox"/> CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature and Title of Certifier → JEFFREY L. HARRIS, M.D.		39b. LICENSE NUMBER M-09259		39c. DATE SIGNED 4 / 5 / 2013 MM DD YYYY
* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JEFFREY L. HARRIS, 415 SIXTH STREET LEWISTON, ID 83501		40a. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>		
		40b. DATE SIGNED 4 / 8 / 2013 MM DD YYYY		

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: 4/8/2013

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Galtte
JAMES B. AYDELOTTE
STATE REGISTRAR

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* 0 0 0 2 6 7 5 9 5 *

STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued by the District Health Department on behalf of the Bureau of Vital Records and Health Statistics.

Pauline Dwyer
Local Vital Statistics Registration Official

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